PTO/SB/103 (8-96)
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# Declaration and Power of Attorney for Patent Application Erklärung für Patentanmeldungen mit Vollmacht

## German Language Declaration

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
TOOL WEAR CORRECTION METHOD
·
the specification of which is attached hereto unless the following box is checked:
was filed on 3 JUNE 2004 as United States Application Number or PCT
International Application Number PCT/EP2004/006016 and was amended on
10 FEB 2006 (if applicable). (U.S. Serial No. 10/567,973)
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.
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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

I hereby claim foreign priority under Title 35, United States Code, §

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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beaustrage ic	h hiermi	t den (die	) nach	stehend	aufgefül	orten	
Patentanwalt	(Patenta	nwälte) ur	id/odei	. Vertre	ter mit	der	
Verfolgung der vorliegenden Patentanmeldung sowie mit der							
Abwicklung a							
US-Patent-							
Registrations				(0,000)	-1.0		

Postanschrift:

Telefonische Auskunfte: (Name und Telefonnummer)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: (list name and registration number)

All attorneys associated with Customer Number

Robert D. Traver (Reg. No. 47,999)

Send Correspondence to: (303) 863-9700

Direct Telephone Calls to: (name and telephone number)

Vor- und Zuname des einzigen oder ersten Erfinders Jürgen RÖDERS	Full name of sole or first inventor Jürgen RÖDERS			
Unterschrift des Erfinders Datum	Inventor's signature Date 1.5 CB			
Wohnsitz Germany	Residence Germany			
Staatsangehörigkeit	Citizenship			
German	German			
Postanschrift Turmweg 31	Post Office Address Turmweg 31			
Hamburg D-20148, GERMANY	Hamburg D-20148; GERMANY			
Vor- und Zuname des zweiten Miterfinders (falls zutreffend)	Full name of second joint inventor, if any			
Unterschrift des zweiten Erfinders Datum	Second Inventor's signature Date			
Wohnsitz	Residence			
Staatsangehörigkeit	Citizenship			
Postanschrift	Post Office Address			

(Im Falle dritter und weiterer Miterfinder sind die entsprechenden Informationen und Unterschriften hinzuzufütgen.)

(Supply similar information and signature for third and subsequent joint inventors.)

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